

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Off MM	1020 780	03/05/01 5-23-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
1	Original 4/13/01
2	Original 4/13/01
3	Original 4/13/01
4	Original 4/13/01
5	Original 4/13/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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